

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): <b>Wright, Terri</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>2449</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1831 S Springfield 1st Floor Chicago, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
ZIPCODE <b>60623</b>				ZIPCODE					
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.					
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Wright, Terri</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Nicolette L Robovsky</b> <b>3/07/08</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Wright, Terri</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Terri Wright</u> Signature of Debtor <b>Terri Wright</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>March 7, 2008</b> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Nicolette L Robovsky</u> Signature of Attorney for Debtor(s) <b>Nicolette L Robovsky 6278336</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b>  _____ Telephone Number <b>March 7, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b>  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  _____  <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:    If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **351.00**

Balance Due ..... \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 7, 2008**

Date

**/s/ Nicolette L Robovsky**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

#### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Wright, Terri**

Printed Name(s) of Debtor(s)

**X /s/ Terri Wright**

Signature of Debtor

**3/07/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Terri Wright

Date: March 7, 2008

IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 1,925.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		\$ 88,882.10	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 1,926.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 2,077.00
TOTAL		38	\$ 1,925.00	\$ 88,882.10	



IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 1,926.00
Average Expenses (from Schedule J, Line 18)	\$ 2,077.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 1,939.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 88,882.10
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 88,882.10

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Wright, Terri

Document

Page 11 of 60

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on hand</b>		<b>25.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings account w/ Bell West Credit Union</b>		<b>150.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord is \$950. No cash value to debtor</b>		<b>0.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>		<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Misc books pictures and music</b>		<b>50.00</b>
6. Wearing apparel.		<b>Clothing</b>		<b>200.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

IN RE Wright, Terri

Case No.

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Wright, Terri

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>1,925.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)
[ ] Check if debtor claims a homestead exemption that exceeds \$136,875.

- [ ] 11 U.S.C. § 522(b)(2)
- [x] 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash on hand	735 ILCS 5 §12-1001(b)	25.00	25.00
Savings account w/ Bell West Credit Union	735 ILCS 5 §12-1001(b)	150.00	150.00
Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
Misc books pictures and music	735 ILCS 5 §12-1001(a)	50.00	50.00
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>a0016714460</b> <b>Acl Laboratories</b> <b>8901 W Lincoln Ave</b> <b>West Allis, WI 53227-2409</b>		<b>Medical/Dental bill</b>				<b>327.00</b>
ACCOUNT NO. <b>Acl Collection Services</b> <b>PO Box 27901</b> <b>Milwaukee, WI 53227-0901</b>		<b>Assignee or other notification for: Acl Laboratories</b>				
ACCOUNT NO. <b>002120</b> <b>Advanced Respiratory Supply</b> <b>PO Box 597757</b> <b>Chicago, IL 60659-7757</b>		<b>Medical/Dental bill</b>				<b>215.00</b>
ACCOUNT NO. <b>704903046, 704804608</b> <b>Advocate Illinois Masonic</b> <b>PO Box 510410</b> <b>Saint Louis, MO 63151-0410</b>		<b>Medical/Dental bills</b>				<b>597.00</b>
Subtotal (Total of this page)						\$ <b>1,139.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

25 continuation sheets attached

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>409708657</b> <b>Advocate Illinois Masonic</b> <b>PO Box 711943</b> <b>Cincinnati, OH 45271-0001</b>		<b>Medical/Dental bill</b>				<b>7.00</b>
ACCOUNT NO. <b>2000530449</b> <b>Afni Inc</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702-3427</b>		<b>Utility bill</b>				<b>317.00</b>
ACCOUNT NO. <b>AT &amp; T</b> <b>PO Box 806</b> <b>Norwell, MA 02061-0806</b>		<b>Assignee or other notification for:</b> <b>Afni Inc</b>				
ACCOUNT NO. <b>123773</b> <b>Allgate Financial Llc</b> <b>For Check N Go</b> <b>707 Skokie Blvd Ste 375</b> <b>Northbrook, IL 60062-2882</b>		<b>Open account opened 7/07</b>				<b>225.00</b>
ACCOUNT NO. <b>AAM Inc</b> <b>30 Georgetown Square Ste 104</b> <b>Wood Dale, IL 60191</b>		<b>Assignee or other notification for:</b> <b>Allgate Financial Llc</b>				
ACCOUNT NO. <b>Check N Go</b> <b>800 N Kedzie Ave</b> <b>Chicago, IL 60651-4100</b>		<b>Assignee or other notification for:</b> <b>Allgate Financial Llc</b>				
ACCOUNT NO. <b>National Credit Adjustors</b> <b>327 W 4th Ave</b> <b>Hutchinson, KS 67501-4842</b>		<b>Assignee or other notification for:</b> <b>Allgate Financial Llc</b>				

Sheet no. 1 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **549.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5077205</b> <b>Amsher Coll</b> <b>600 Beacon Pkwy We Suite 300</b> <b>Birmingham, AL 35209</b>		<b>Open account opened 8/05</b>				<b>610.00</b>
ACCOUNT NO. <b>T Mobile</b> <b>PO Box 702727</b> <b>Dallas, TX 75370-2727</b>		<b>Assignee or other notification for:</b> <b>Amsher Coll</b>				
ACCOUNT NO. <b>2232271776</b> <b>Anchor Receivables Management</b> <b>PO Box 41003</b> <b>Norfolk, VA 23541-1003</b>		<b>Collections</b>				<b>686.00</b>
ACCOUNT NO. <b>1008168865</b> <b>Anderson Fin Network</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702-3427</b>		<b>Open account opened 7/04</b>				<b>132.00</b>
ACCOUNT NO. <b>Cbe Group</b> <b>131 Tower Pkwy, Ste 100</b> <b>PO Box 2635</b> <b>Waterloo, IA 50704-2635</b>		<b>Assignee or other notification for:</b> <b>Anderson Fin Network</b>				
ACCOUNT NO. <b>Dish Network</b> <b>Dept 0063</b> <b>Palatine, IL 60055-0001</b>		<b>Assignee or other notification for:</b> <b>Anderson Fin Network</b>				
ACCOUNT NO. <b>1000597183</b> <b>Armor Systems Co</b> <b>2322 N Green Bay Rd</b> <b>Waukegan, IL 60087-4209</b>		<b>Collections</b>				<b>714.00</b>

Sheet no. 2 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,142.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Athletico Sports Medicine</b> <b>2450 Wolf Rd</b> <b>Westchester, IL 60154-5634</b>		<b>Medical/Dental bill</b>				<b>245.00</b>
ACCOUNT NO. <b>00953547398</b> <b>Blockbuster 17387</b> <b>200 Lake St</b> <b>Oak Park, IL 60302-2609</b>		<b>Membership/ Subscription fees</b>				<b>28.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240-6837</b>		<b>Assignee or other notification for:</b> <b>Blockbuster 17387</b>				
ACCOUNT NO. <b>C Michael, DDS</b> <b>C/O Leahy &amp; Associates</b> <b>310 S Racine Ave Ste 700</b> <b>Chicago, IL 60607-2841</b>		<b>Medical/Dental bill</b>				<b>71.20</b>
ACCOUNT NO. <b>7734899218, 9063058</b> <b>Calvary Portfolio/collection</b> <b>3rd Floor</b> <b>Hawthorne, NY 10532</b>		<b>Open account opened 3/06</b>				<b>242.00</b>
ACCOUNT NO. <b>At&amp;T</b> <b>PO Box 8212</b> <b>Aurora, IL 60572-8212</b>		<b>Assignee or other notification for:</b> <b>Calvary Portfolio/collection</b>				
ACCOUNT NO. <b>First Revenue Assurance</b> <b>PO Box 5818</b> <b>Denver, CO 80217-5818</b>		<b>Assignee or other notification for:</b> <b>Calvary Portfolio/collection</b>				

Sheet no. **3** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **586.20**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Risk Management Alternatives</b> <b>PO Box 105816</b> <b>Atlanta, GA 30348-5816</b>		<b>Assignee or other notification for:</b> <b>Calvary Portfolio/collection</b>				
ACCOUNT NO. <b>6092217</b> <b>Certified Services Inc</b> <b>For Lakeview Anesthesia</b> <b>1733 Washington St Uppr 2</b> <b>Waukegan, IL 60085-5192</b>		<b>Open account opened 2/07</b>				<b>166.00</b>
ACCOUNT NO. <b>Lakeview Anesthesia</b> <b>PO Box 70</b> <b>Lake Forest, IL 60045-0070</b>		<b>Assignee or other notification for:</b> <b>Certified Services Inc</b>				
ACCOUNT NO. <b>272913</b> <b>Chicago Central Emergency</b> <b>C/O United Collections Bureau</b> <b>3131 S Dixie Dr Ste 600</b> <b>Dayton, OH 45439-2236</b>		<b>Medical/Dental bill</b>				<b>235.00</b>
ACCOUNT NO. <b>Chicagoland Orthodontics Specialists</b> <b>2500 S Highland Ave Ste 100</b> <b>Lombard, IL 60148-5381</b>		<b>Medical/Dental bill</b>				<b>71.20</b>
ACCOUNT NO. <b>Christine Michaels</b> <b>2500 S Highland Ave Ste 100</b> <b>Lombard, IL 60148-5381</b>		<b>Medical/Dental bill</b>				<b>1,704.00</b>
ACCOUNT NO. <b>241561451</b> <b>Citizens Financial</b> <b>3853 45th St</b> <b>Highland, IN 46322-3009</b>		<b>bank fees</b>				<b>880.00</b>

Sheet no. 4 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,056.20**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Chex Systems</b> <b>7805 Hudson Rd Ste 100</b> <b>Saint Paul, MN 55125-1595</b>		<b>Assignee or other notification for:</b> <b>Citizens Financial</b>				
ACCOUNT NO. <b>0098316709</b> <b>City Of Chicago Bureau Of Parking</b> <b>Dept Of Revenue</b> <b>333 S State St Ste 540</b> <b>Chicago, IL 60604-3992</b>		<b>tickets</b>				<b>150.00</b>
ACCOUNT NO. <b>Arnold Scott Harris</b> <b>600 W. Jackson Blvd, Suite 720</b> <b>PO Box 5625</b> <b>Chicago, IL 60680-5625</b>		<b>Assignee or other notification for:</b> <b>City Of Chicago Bureau Of Parking</b>				
ACCOUNT NO. <b>631002660801</b> <b>Cmntyprp Mng</b> <b>2901 Butterfield Rd</b> <b>Oak Brook, IL 60523-1106</b>		<b>Installment account opened 10/98</b>				<b>4,925.00</b>
ACCOUNT NO. <b>Harvard Collection Services</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>		<b>Assignee or other notification for:</b> <b>Cmntyprp Mng</b>				
ACCOUNT NO. <b>Mid America Real Estate</b> <b>1 Parkview Plz Ste 900</b> <b>Oakbrook Terrace, IL 60181-4731</b>		<b>Assignee or other notification for:</b> <b>Cmntyprp Mng</b>				
ACCOUNT NO. <b>Columbia Water Department</b> <b>502 Courthouse Sq</b> <b>Columbia, MS 39429-2906</b>		<b>Utility bill</b>				<b>300.00</b>

Sheet no. **5** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,375.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0667017012, 9928139</b> <b>Com Ed Exelon</b> <b>Bankruptcy</b> <b>2100 Swift Dr</b> <b>Oak Brook, IL 60523-1559</b>		<b>Open account opened 7/06</b>				<b>172.00</b>
ACCOUNT NO. <b>Harvard Collection Services</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b>		<b>Assignee or other notification for:</b> <b>Com Ed Exelon</b>				
ACCOUNT NO. <b>Reed Smith</b> <b>10 S Wacker Dr</b> <b>Chicago, IL 60606-7453</b>		<b>Assignee or other notification for:</b> <b>Com Ed Exelon</b>				
ACCOUNT NO. <b>01017587022</b> <b>Comcast</b> <b>PO Box 3002</b> <b>Southeastern, PA 19398-3002</b>		<b>Utility bill</b>				<b>185.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240-6837</b>		<b>Assignee or other notification for:</b> <b>Comcast</b>				
ACCOUNT NO. <b>656804622</b> <b>Credit Protect Assoc</b> <b>PO Box 802068</b> <b>Dallas, TX 75380-2068</b>		<b>Installment account opened 3/02</b>				<b>695.00</b>
ACCOUNT NO. <b>At&amp;T Broadband</b> <b>PO Box 173885</b> <b>Denver, CO 80217-3885</b>		<b>Assignee or other notification for:</b> <b>Credit Protect Assoc</b>				

Sheet no. 6 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,052.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0805004405606</b> <b>Dominicks Finer Foods</b> <b>C/O Merchant's Credit Guide</b> <b>223 W Jackson Blvd</b> <b>Chicago, IL 60606-6908</b>		<b>Collections</b>				<b>575.00</b>
ACCOUNT NO. <b>pught00002</b> <b>Dr Jeffrey Manasse &amp; Associates</b> <b>PO Box 822</b> <b>Park Ridge, IL 60068-0822</b>		<b>Medical/Dental bill</b>				<b>81.70</b>
ACCOUNT NO. <b>1760164</b> <b>Dupage Emergency Physicians</b> <b>609 Academy Dr</b> <b>Northbrook, IL 60062-2420</b>		<b>Medical/Dental bill</b>				<b>174.00</b>
ACCOUNT NO. <b>d023793, 11216235</b> <b>Enterprise Rent A Car</b> <b>10S636 Kingery Hwy</b> <b>Willowbrook, IL 60527-0730</b>		<b>nsf check</b>				<b>751.00</b>
ACCOUNT NO. <b>Certegy Payment Recovery</b> <b>11601 Roosevelt Blvd N</b> <b>Saint Petersburg, FL 33716-2202</b>		<b>Assignee or other notification for:</b> <b>Enterprise Rent A Car</b>				
ACCOUNT NO. <b>7608309</b> <b>Ffcc-columbus Inc</b> <b>1550 Old Henderson Rd</b> <b>Columbus, OH 43220-3626</b>		<b>Open account opened 6/07</b>				<b>82.00</b>
ACCOUNT NO. <b>Mark Allen Berk, MD</b> <b>3000 N Halsted St Ste 201</b> <b>Chicago, IL 60657-5190</b>		<b>Assignee or other notification for:</b> <b>Ffcc-columbus Inc</b>				

Sheet no. 7 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,663.70**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8060151937927455a</b> <b>Fingerhut</b> <b>PO Box 1250</b> <b>Saint Cloud, MN 56395-1250</b>		<b>Collections</b>				<b>275.00</b>
ACCOUNT NO. <b>Law Offices Of Mitchell N Kay</b> <b>205 W Randolph St Ste 920</b> <b>Chicago, IL 60606-1814</b>		<b>Assignee or other notification for:</b> <b>Fingerhut</b>				
ACCOUNT NO. <b>Plaza Associates</b> <b>PO Box 18008</b> <b>Hauppauge, NY 11788-8808</b>		<b>Assignee or other notification for:</b> <b>Fingerhut</b>				
ACCOUNT NO. <b>5770915419864011</b> <b>First Consumers National Bank</b> <b>PO Box 19657</b> <b>Irvine, CA 92623-9657</b>		<b>Revolving credit card charges incurred over the past several years.</b>				<b>478.00</b>
ACCOUNT NO. <b>Fma Alliance, Ltd</b> <b>11811 North Fwy Ste 900</b> <b>Houston, TX 77060-3292</b>		<b>Assignee or other notification for:</b> <b>First Consumers National Bank</b>				
ACCOUNT NO. <b>Northland Group</b> <b>7831 Glenroy Rd Ste 350</b> <b>Minneapolis, MN 55439-3108</b>		<b>Assignee or other notification for:</b> <b>First Consumers National Bank</b>				
ACCOUNT NO. <b>Forest General Hospital</b> <b>6051 U S Highway 49</b> <b>Hattiesburg, MS 39401-7200</b>		<b>Medical/Dental bill</b>				<b>5,402.00</b>

Sheet no. 8 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **6,155.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

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IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Frank W Zappa, Dpm</b> <b>1000 Lake St Ste B</b> <b>Oak Park, IL 60301-1128</b>		<b>Medical/Dental bill</b>				<b>100.00</b>
ACCOUNT NO. <b>Gamepro</b> <b>PO Box 37577</b> <b>Boone, IA 50037-0577</b>		<b>Membership/ Subscription fees</b>				<b>29.00</b>
ACCOUNT NO. <b>Gautam Gupta, MD</b> <b>6090 Strathmoor Dr Ste 4</b> <b>Rockford, IL 61107-5200</b>		<b>Medical/Dental bill</b>				<b>1,400.00</b>
ACCOUNT NO. <b>2078861, 2082668</b> <b>Genesis Clinical Labs</b> <b>3231 Euclid Ave</b> <b>Berwyn, IL 60402-3471</b>		<b>Medical/Dental bill</b>				<b>2,217.00</b>
ACCOUNT NO. <b>Tri-County Accounts Bureau</b> <b>PO Box 515</b> <b>Wheaton, IL 60189-0515</b>		<b>Assignee or other notification for:</b> <b>Genesis Clinical Labs</b>				
ACCOUNT NO. <b>105170633</b> <b>Good Samaritan Hospital</b> <b>3815 Highland Ave</b> <b>Downers Grove, IL 60515-1500</b>		<b>Medical/Dental bill</b>				<b>118.00</b>
ACCOUNT NO. <b>Medical Recovery Specialists, Inc.</b> <b>2200 E Devon Ave Ste 288</b> <b>Des Plaines, IL 60018-4521</b>		<b>Assignee or other notification for:</b> <b>Good Samaritan Hospital</b>				

Sheet no. **9** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,864.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Pellettieri &amp; Associates</b> <b>991 Oak Creek Dr</b> <b>Lombard, IL 60148-6408</b>		<b>Assignee or other notification for:</b> <b>Good Samaritan Hospital</b>				
ACCOUNT NO. <b>0507270003</b> <b>Harvard Family Physicians</b> <b>2325 S Harvard Ave Ste 108</b> <b>Tulsa, OK 74114-3309</b>		<b>Medical/Dental bill</b>				<b>80.00</b>
ACCOUNT NO. <b>19523</b> <b>Head &amp; Neck &amp; Cosmetic Surgery Assoc</b> <b>135 S Lasalle, Dept 4736</b> <b>Chicago, IL 60674-0001</b>		<b>Medical/Dental bill</b>				<b>9,550.00</b>
ACCOUNT NO. <b>Merchants Credit Guide Co.</b> <b>Executive Offices</b> <b>223 W Jackson Blvd Ste 900</b> <b>Chicago, IL 60606-6912</b>		<b>Assignee or other notification for:</b> <b>Head &amp; Neck &amp; Cosmetic Surgery Assoc</b>				
ACCOUNT NO. <b>10784</b> <b>Healthcare Associates For Women</b> <b>C/O Westbank</b> <b>1 Westbrook</b> <b>Westchester, IL 60154</b>		<b>Medical/Dental bill</b>				<b>12,570.00</b>
ACCOUNT NO. <b>Healthcare For Women</b> <b>Attn: Accounting Dept</b> <b>3 Westbrook Corp Ctr Ste 100</b> <b>Westchester, IL 60154-5727</b>		<b>Assignee or other notification for:</b> <b>Healthcare Associates For Women</b>				
ACCOUNT NO. <b>Leahy &amp; Associates</b> <b>310 S Racine Ave Ste 700</b> <b>Chicago, IL 60607-2841</b>		<b>Assignee or other notification for:</b> <b>Healthcare Associates For Women</b>				

Sheet no. 10 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **22,200.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Transworld Systems</b> <b>25 NW Point Blvd Ste 750</b> <b>Elk Grove Village, IL 60007-1058</b>		<b>Assignee or other notification for:</b> <b>Healthcare Associates For Women</b>				
ACCOUNT NO. <b>Highland Furniture</b> <b>500 N Highland Ave</b> <b>Aurora, IL 60506-2938</b>		<b>Collections</b>				<b>500.00</b>
ACCOUNT NO. <b>Home Sleep Diagnostics</b> <b>2522 W Peterson Ave</b> <b>Chicago, IL 60659-4109</b>		<b>Medical/Dental bill</b>				<b>2,040.00</b>
ACCOUNT NO. <b>4241865026</b> <b>I C System</b> <b>PO Box 64378</b> <b>Saint Paul, MN 55164-0378</b>		<b>Open account opened 8/06</b>				<b>81.00</b>
ACCOUNT NO. <b>IQ Telecom</b> <b>3221 Burr Oak Ave</b> <b>Blue Island, IL 60406-1829</b>		<b>Assignee or other notification for:</b> <b>I C System</b>				
ACCOUNT NO. <b>9543232</b> <b>Illinois Collection Se</b> <b>For Univ Of Ill. Dept Of Orthopedics</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487-9356</b>		<b>Open account opened 1/07</b>				<b>2,296.00</b>
ACCOUNT NO. <b>Univ Of Illinois Dept Of Orthopedics</b> <b>1801 W Taylor St</b> <b>Chicago, IL 60612-4319</b>		<b>Assignee or other notification for:</b> <b>Illinois Collection Se</b>				

Sheet no. 11 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,917.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9690076, 9689746</b> <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487-9356</b>		<b>Collections for Medical/Dental bills. Open account opened 3/07</b>				<b>348.00</b>
ACCOUNT NO. <b>U Of I E/R</b> <b>1740 W Taylor St</b> <b>Chicago, IL 60612-7232</b>		<b>Assignee or other notification for: Illinois Collection Se</b>				
ACCOUNT NO. <b>9406671</b> <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487-9356</b>		<b>Open account opened 11/06</b>				<b>62.00</b>
ACCOUNT NO. <b>Univ Of Ill - Radiology</b> <b>1740 W Taylor St # 2483</b> <b>Chicago, IL 60612-7232</b>		<b>Assignee or other notification for: Illinois Collection Se</b>				
ACCOUNT NO. <b>704804608</b> <b>Illinois Masonic Medical Center</b> <b>836 W Wellington Ave</b> <b>Chicago, IL 60657-5147</b>		<b>Medical/Dental bill</b>				<b>1,812.00</b>
ACCOUNT NO. <b>Medical Recovery Specialists, Inc.</b> <b>2250 E Devon Ave Ste 352</b> <b>Des Plaines, IL 60018-4521</b>		<b>Assignee or other notification for: Illinois Masonic Medical Center</b>				
ACCOUNT NO. <b>Immc Radiologist</b> <b>9410 Compubill Dr</b> <b>Orland Park, IL 60462-2627</b>		<b>Medical/Dental bill</b>				<b>8.00</b>

Sheet no. 12 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,230.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>105000183</b> <b>K Kenneth Eng, MD, SC</b> <b>PO Box 4008</b> <b>Schaumburg, IL 60168-4008</b>		<b>Medical/Dental bill</b>				<b>2,310.00</b>
ACCOUNT NO. <b>6467293</b> <b>K-Mart</b> <b>100 Crisler Ave</b> <b>Crescent Springs, KY 41017-1657</b>		<b>Revolving credit card charges incurred over the past several years.</b>				<b>205.00</b>
ACCOUNT NO. <b>Friedman &amp; Wexler</b> <b>500 W Madison St Ste 2910</b> <b>Chicago, IL 60661-4571</b>		<b>Assignee or other notification for: K-Mart</b>				
ACCOUNT NO. <b>7644596m 7644597</b> <b>Kca Financial Svcs</b> <b>For U Of I Dept Of Pediatrics</b> <b>628 North St</b> <b>Geneva, IL 60134-1356</b>		<b>Collections for Medical/Dental bills. Open account opened 3/06</b>				<b>492.00</b>
ACCOUNT NO. <b>U Of I Dept Of Pediatrics Ww</b> <b>1740 W Taylor St</b> <b>Chicago, IL 60612-7232</b>		<b>Assignee or other notification for: Kca Financial Svcs</b>				
ACCOUNT NO. <b>19198</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>Medical/Dental bill</b>				<b>216.00</b>
ACCOUNT NO. <b>Nco/ Collection Agency</b> <b>PO Box 7602</b> <b>Fort Washington, PA 19034</b>		<b>Assignee or other notification for: Loyola University Medical Center</b>				

Sheet no. **13** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,223.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>87886205</b> <b>M Ramez Salem MD And Assoc</b> <b>222 E Dundee Rd</b> <b>Wheeling, IL 60090-3009</b>		<b>Medical/Dental bill</b>				<b>51.00</b>
ACCOUNT NO. <b>Marion Medical Center</b> <b>1200 Military St S</b> <b>Hamilton, AL 35570-5003</b>		<b>Medical/Dental bill</b>				<b>800.00</b>
ACCOUNT NO. <b>Marion County Health Dept</b> <b>908 Sumrall Rd</b> <b>Columbia, MS 39429-2652</b>		<b>Assignee or other notification for:</b> <b>Marion Medical Center</b>				
ACCOUNT NO. <b>Wa7172ua1</b> <b>Med Busi Bur</b> <b>1460 Renaissance D Suite 400</b> <b>Park Ridge, IL 60068</b>		<b>Open account opened 10/06</b>				<b>595.00</b>
ACCOUNT NO. <b>Med1 Medical</b>		<b>Assignee or other notification for:</b> <b>Med Busi Bur</b>				
ACCOUNT NO. <b>W80064ue1</b> <b>Med Busi Bur</b> <b>1460 Renaissance D Suite 400</b> <b>Park Ridge, IL 60068</b>		<b>Open account opened 11/04</b>				<b>333.00</b>
ACCOUNT NO. <b>Med1 Medical</b>		<b>Assignee or other notification for:</b> <b>Med Busi Bur</b>				

Sheet no. **14** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,779.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mercy Hospital And Medical Center Physician Billing 2525 S Michigan Ave # 2 Chicago, IL 60616-2333</b>		<b>Medical/Dental bill</b>				<b>858.00</b>
ACCOUNT NO. <b>86130001566880</b> <b>Midwest Diagnostic Pathology, Sc 641 E Butterfield Rd Ste 407 Lombard, IL 60148-5605</b>		<b>Medical/Dental bill</b>				<b>100.00</b>
ACCOUNT NO. <b>86120003039508</b> <b>Midwest Diagnostic Pathology, Sc 641 E Butterfield Rd Ste 407 Lombard, IL 60148-5605</b>		<b>Medical/Dental bill</b>				<b>18.00</b>
ACCOUNT NO. <b>Midwest Orthopaedics At Rush 1725 W Harrison St Ste 1063 Chicago, IL 60612-3835</b>		<b>Medical/Dental bill</b>				<b>323.00</b>
ACCOUNT NO. <b>Mississippi Electric 308 Moselle Seminary Rd Moselle, MS 39459-8934</b>		<b>Utility bill</b>				<b>250.00</b>
ACCOUNT NO. <b>6232680, 5759724, 6287151</b> <b>Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521</b>		<b>Collections for Medical/Dental bills. Open account opened 2/07</b>				<b>1,911.00</b>
ACCOUNT NO. <b>Illinois Masonic Medical Center 836 W Wellington Ave Chicago, IL 60657-5147</b>		<b>Assignee or other notification for: Mrsi</b>				

Sheet no. **15** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,460.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7379245, 6303081984003</b> <b>Nco/ Collection Agency</b> <b>PO Box 4907</b> <b>Trenton, NJ 08650-4907</b>		<b>Open account opened 7/05</b>				<b>1,102.00</b>
ACCOUNT NO. <b>Verizon Wireless</b> <b>404 Brock Dr</b> <b>Bloomington, IL 61701-2654</b>		<b>Assignee or other notification for:</b> <b>Nco/ Collection Agency</b>				
ACCOUNT NO. <b>Verizon Wireless</b> <b>777 Big Timber Rd</b> <b>Elgin, IL 60123-1488</b>		<b>Assignee or other notification for:</b> <b>Nco/ Collection Agency</b>				
ACCOUNT NO. <b>5770915419864011</b> <b>Newport News</b> <b>5100 City Line Road</b> <b>Hampton, VA 23630-2000</b>		<b>Revolving credit card charges incurred over the past several years.</b>				<b>530.00</b>
ACCOUNT NO. <b>Enhanced Recovery Corporation</b> <b>PO Box 1967</b> <b>Southgate, MI 48195-0967</b>		<b>Assignee or other notification for:</b> <b>Newport News</b>				
ACCOUNT NO. <b>Evergreen Professional Recoveries</b> <b>PO Box 666</b> <b>Bothell, WA 98041-0666</b>		<b>Assignee or other notification for:</b> <b>Newport News</b>				
ACCOUNT NO. <b>Midland Credit Management</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123-2255</b>		<b>Assignee or other notification for:</b> <b>Newport News</b>				

Sheet no. 16 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,632.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Plaza Associates PO Box 18008 Hauppauge, NY 11788-8808</b>		<b>Assignee or other notification for: Newport News</b>				
ACCOUNT NO. <b>True Logic Financial Corporation PO Box 4437 Englewood, CO 80155-4437</b>		<b>Assignee or other notification for: Newport News</b>				
ACCOUNT NO. <b>4301142</b> <b>Northwestern Medical Faculty Foundatoin 38693 Eagle Way Chicago, IL 60678-1386</b>		<b>Medical/Dental bill</b>				<b>126.00</b>
ACCOUNT NO. <b>Illinois Collection Serv 3101 W 95th St Evergreen Park, IL 60805-2407</b>		<b>Assignee or other notification for: Northwestern Medical Faculty Foundatoin</b>				
ACCOUNT NO. <b>h04983458</b> <b>Oak Park Hospital Patient Accts 520 S Maple Ave Oak Park, IL 60304-1022</b>		<b>Medical/Dental bills</b>				<b>634.00</b>
ACCOUNT NO. <b>Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for: Oak Park Hospital</b>				
ACCOUNT NO. <b>Leahy &amp; Associates 310 S Racine Ave Ste 700 Chicago, IL 60607-2841</b>		<b>Assignee or other notification for: Oak Park Hospital</b>				

Sheet no. 17 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **760.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>362644178</b> <b>Our Lady Of Resurrection Medical Center</b> <b>5645 W Addison St</b> <b>Chicago, IL 60634-4403</b>		<b>Medical/Dental bill</b>				<b>70.00</b>
ACCOUNT NO. <b>4080570007308654</b> <b>Park Dansan Collections</b> <b>PO Box 248</b> <b>Gastonia, NC 28053-0248</b>		<b>Open account opened 7/06. Act No: 7734899218</b>				<b>254.00</b>
ACCOUNT NO. <b>Cbe Group</b> <b>131 Tower Pkwy, Ste 100</b> <b>PO Box 2635</b> <b>Waterloo, IA 50704-2635</b>		<b>Assignee or other notification for:</b> <b>Park Dansan Collections</b>				
ACCOUNT NO. <b>MCI APD - Bankruptcy</b> <b>500 Technology Dr Ste 300</b> <b>Weldon Spring, MO 63304-2219</b>		<b>Assignee or other notification for:</b> <b>Park Dansan Collections</b>				
ACCOUNT NO. <b>Payam Zarei, DDS</b> <b>1752 N Taft Ave</b> <b>Berkeley, IL 60163-1555</b>		<b>Medical/Dental bill</b>				<b>224.00</b>
ACCOUNT NO. <b>2500028453503</b> <b>Peoples Energy</b> <b>130 E Randolph St</b> <b>Chicago, IL 60601-6207</b>		<b>Utility bill</b>				<b>102.00</b>
ACCOUNT NO. <b>250002845, 198492</b> <b>Peoples Engy</b> <b>130 E Randolph St</b> <b>Chicago, IL 60601-6207</b>		<b>Collections for Utility bill. Open account opened 3/02</b>				<b>1,347.00</b>

Sheet no. 18 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **1,997.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Harris &amp; Harris</b> <b>600 W Jackson Blvd Ste 700</b> <b>Chicago, IL 60661-5629</b>		<b>Assignee or other notification for:</b> <b>Peoples Engy</b>				
ACCOUNT NO. <b>Harris &amp; Harris</b> <b>600 W Jackson Blvd Ste 700</b> <b>Chicago, IL 60661-5629</b>		<b>Assignee or other notification for:</b> <b>Peoples Engy</b>				
ACCOUNT NO. <b>State Collection Service</b> <b>2509 S Stoughton Rd</b> <b>Madison, WI 53716-3314</b>		<b>Assignee or other notification for:</b> <b>Peoples Engy</b>				
ACCOUNT NO. <b>5400500022740606</b> <b>Prime Cable Of Chicago</b> <b>4501 W Irving Park Rd</b> <b>Chicago, IL 60641-2810</b>		<b>Utility bill</b>				<b>334.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240-6837</b>		<b>Assignee or other notification for:</b> <b>Prime Cable Of Chicago</b>				
ACCOUNT NO. <b>447651, 1600485</b> <b>Risk Management Alternatives</b> <b>2200 S Busse Rd</b> <b>Mount Prospect, IL 60056-5543</b>		<b>Collections</b>				<b>310.00</b>
ACCOUNT NO. <b>Robert Glick DPM</b> <b>1630 W 18th St</b> <b>Chicago, IL 60608-2817</b>		<b>Medical/Dental bill</b>				<b>245.00</b>

Sheet no. **19** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$**889.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>h04983458</b> <b>Rush Oak Park Hospital</b> <b>520 S Maple Ave</b> <b>Oak Park, IL 60304-1022</b>		<b>Medical/Dental bill</b>				<b>64.00</b>
ACCOUNT NO. <b>Troy Q. Smith &amp; Assoc</b> <b>100 W Roosevelt Rd Bldg B-7</b> <b>Wheaton, IL 60187-5260</b>		<b>Assignee or other notification for:</b> <b>Rush Oak Park Hospital</b>				
ACCOUNT NO. <b>1473457, 00326441</b> <b>Rush University Medical Center</b> <b>Emergency Services</b> <b>22758 Network Place</b> <b>Chicago, IL 60673-1227</b>		<b>Medical/Dental bill</b>				<b>39.00</b>
ACCOUNT NO. <b>Medical Collection Systems</b> <b>725 S Wells St Ste 700</b> <b>Chicago, IL 60607-4578</b>		<b>Assignee or other notification for:</b> <b>Rush University Medical Center</b>				
ACCOUNT NO. <b>50424551028</b> <b>Rush University Medical Center</b> <b>1700 W Van Buren St Rm 161</b> <b>Chicago, IL 60612-3228</b>		<b>Medical/Dental bill</b>				<b>25.00</b>
ACCOUNT NO. <b>63045519849413</b> <b>Sbc</b> <b>Bankruptcy Dept</b> <b>225 W Randolph St Ste 27A</b> <b>Chicago, IL 60606-1838</b>		<b>Utility bill</b>				<b>354.00</b>
ACCOUNT NO. <b>Money Control, Inc</b> <b>7891 Mission Grove Pkwy S Ste A</b> <b>Riverside, CA 92508-6004</b>		<b>Assignee or other notification for:</b> <b>Sbc</b>				

Sheet no. 20 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **482.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1050082779</b> <b>Silkies</b> <b>PO Box 34369</b> <b>Lancaster, SC 29722-0001</b>		<b>consumer debt</b>				<b>17.00</b>
ACCOUNT NO. <b>Retrieval Masters Credit Bureau</b> <b>2269 Saw Mill River Rd Ste 3</b> <b>Elmsford, NY 10523-3848</b>		<b>Assignee or other notification for:</b> <b>Silkies</b>				
ACCOUNT NO. <b>004357</b> <b>Sleep Diagnostics</b> <b>3322 W Arthur Ave</b> <b>Lincolnwood, IL 60712-3806</b>		<b>Medical/Dental bill</b>				<b>241.00</b>
ACCOUNT NO. <b>603846</b> <b>Sparkling Spring Water Co</b> <b>700 N Deerpath Dr</b> <b>Vernon Hills, IL 60061-1802</b>		<b>Utility bill</b>				<b>241.00</b>
ACCOUNT NO. <b>603846</b> <b>Sparkling Spring Water Co</b> <b>700 N Deerpath Dr</b> <b>Vernon Hills, IL 60061-1802</b>		<b>Utility bill</b>				<b>585.00</b>
ACCOUNT NO. <b>Michael A Angileri</b> <b>3 Golf Ctr Ste 352</b> <b>Hoffman Estates, IL 60169-4910</b>		<b>Assignee or other notification for:</b> <b>Sparkling Spring Water Co</b>				
ACCOUNT NO. <b>1926416, 1926444</b> <b>Statewide Cr</b> <b>PO Box 781268</b> <b>Indianapolis, IN 46278-8268</b>		<b>Collections. Open account opened 10/03</b>				<b>360.00</b>

Sheet no. 21 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,444.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Roaman's</b> <b>PO Box 8383</b> <b>Indianapolis, IN 46283-8383</b>		<b>Assignee or other notification for:</b> <b>Statewide Cr</b>				
ACCOUNT NO. <b>Roamans Inc Bank Card Def</b> <b>PO Box 4408</b> <b>Taunton, MA 02780-0433</b>		<b>Assignee or other notification for:</b> <b>Statewide Cr</b>				
ACCOUNT NO. <b>389766530</b> <b>T Mobile</b> <b>PO Box 742596</b> <b>Cincinnati, OH 45274-2596</b>		<b>Utility bill</b>				<b>610.00</b>
ACCOUNT NO. <b>121312106205</b> <b>Tcf Bank</b> <b>800 Burr Ridge Pkwy</b> <b>Burr Ridge, IL 60527-6486</b>		<b>bank fees</b>				<b>650.00</b>
ACCOUNT NO. <b>Chex Systems</b> <b>7805 Hudson Rd Ste 100</b> <b>Saint Paul, MN 55125-1595</b>		<b>Assignee or other notification for:</b> <b>Tcf Bank</b>				
ACCOUNT NO. <b>Millenium Credit Consultants</b> <b>PO Box 18160</b> <b>Saint Paul, MN 55118-0160</b>		<b>Assignee or other notification for:</b> <b>Tcf Bank</b>				
ACCOUNT NO. <b>Telecheck</b> <b>5251 Westheimer Rd</b> <b>Houston, TX 77056-5412</b>		<b>Assignee or other notification for:</b> <b>Tcf Bank</b>				

Sheet no. 22 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,260.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>U Of Il Hosp Model Clinics</b> <b>809 S Marshfield Ave, 9th Flr</b> <b>Chicago, IL 60612-4305</b>		<b>Medical/Dental bill</b>				<b>260.00</b>
ACCOUNT NO. <b>ila0046222aaa</b> <b>Uic Pathology</b> <b>4810 Paysphere Circle</b> <b>Chicago, IL 60674-0048</b>		<b>Medical/Dental bill</b>				<b>8.00</b>
ACCOUNT NO. <b>16259507</b> <b>Un Coll Tol</b> <b>PO Box 140190</b> <b>Toledo, OH 43614-0190</b>		<b>Open account opened 4/06</b>				<b>222.00</b>
ACCOUNT NO. <b>Med1 West Side Emergency Phys Llp</b>		<b>Assignee or other notification for:</b> <b>Un Coll Tol</b>				
ACCOUNT NO. <b>17271823, 16259507</b> <b>United Collection Bureau</b> <b>For West Side Emergency Physicians</b> <b>Po Box 140190</b> <b>Toledo, OH 43614</b>		<b>Collections for Medical/Dental bills. Open account</b> <b>opened 9/06</b>				<b>427.00</b>
ACCOUNT NO. <b>West Suburban Medical Center</b> <b>West Side Emergency Physicians</b> <b>3 Erie Ct</b> <b>Oak Park, IL 60302-2519</b>		<b>Assignee or other notification for:</b> <b>United Collection Bureau</b>				
ACCOUNT NO. <b>214116, 341319</b> <b>University Of Illinois At Chicago</b> <b>Physicians Group</b> <b>135 S Lasalle, Box 3293</b> <b>Chicago, IL 60674-0001</b>		<b>Medical/Dental bills</b>				<b>3,675.00</b>

Sheet no. 23 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,592.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>University Of Illinois Hospital 3468 Paysphere Circle Chicago, IL 60674-0034</b>		<b>Medical/Dental bill</b>				<b>220.00</b>
ACCOUNT NO. <b>0790546640371, 079049474</b> <b>University Of Illinois Medical Center At Chicago Patient Accounts PO Box 12199 Chicago, IL 60612-0199</b>		<b>Medical/Dental bill</b>				<b>8,726.00</b>
ACCOUNT NO. <b>790546640375</b> <b>University Of Illinois Medical Center At Chicago Payment Center PO Box 12442 Fort Wayne, IN 46863-2442</b>		<b>Medical/Dental bill</b>				<b>336.00</b>
ACCOUNT NO. <b>Nationwide Credit &amp; Collection 9919 W Roosevelt Rd Westchester, IL 60154-2774</b>		<b>Assignee or other notification for: University Of Illinois Medical Center</b>				
ACCOUNT NO. <b>Village Of Riverside Tickets 31 Riverside Rd Riverside, IL 60546-2264</b>		<b>tickets</b>				<b>50.00</b>
ACCOUNT NO. <b>8788620a</b> <b>Wellington Radiology 9410 Compubill Dr Orland Park, IL 60462-2627</b>		<b>Medical/Dental bill</b>				<b>19.00</b>
ACCOUNT NO. <b>4876-2769-5067-8028</b> <b>West Suburban Medical Center 3 Erie Ct Oak Park, IL 60302-2519</b>		<b>Medical/Dental bill</b>				<b>2,111.00</b>

Sheet no. 24 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **11,462.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Revenue Production Management PO Box 830913 Birmingham, AL 35283-0913</b>		<b>Assignee or other notification for: West Suburban Medical Center</b>				
ACCOUNT NO. <b>West Village Dental 2222 W Division St Ste 125 Chicago, IL 60622-2967</b>		<b>Medical/Dental bill</b>				<b>573.00</b>
ACCOUNT NO. <b>5372947</b> <b>York Center Fire Dept 1517 S Meyers Rd Lombard, IL 60148-4728</b>		<b>Medical/Dental bill</b>				<b>400.00</b>
ACCOUNT NO. <b>Illinois Collection Serv PO Box 646 Oak Lawn, IL 60454-0646</b>		<b>Assignee or other notification for: York Center Fire Dept</b>				
ACCOUNT NO.  						
ACCOUNT NO.  						
ACCOUNT NO.  						

Sheet no. 25 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **973.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **88,882.10**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Dependent</b> <b>Dependent</b>	AGE(S): <b>16</b> <b>6</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer <b>Not Working</b> How long employed <b>3 months</b> Address of Employer		

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ _____	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 0.00</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 0.00</b>	
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 0.00</b>	
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) <b>Unemployment</b>	\$ <b>1,926.00</b>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 1,926.00</b>	
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 1,926.00</b>	
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 1,926.00</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,000.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 200.00
b. Water and sewer	\$
c. Telephone	\$ 45.00
d. Other See Schedule Attached	\$ 140.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 350.00
5. Clothing	\$ 35.00
6. Laundry and dry cleaning	\$ 10.00
7. Medical and dental expenses	\$ 75.00
8. Transportation (not including car payments)	\$ 125.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 47.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Personal Care & Grooming	\$ 50.00
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,077.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 1,926.00
b. Average monthly expenses from Line 18 above	\$ 2,077.00
c. Monthly net income (a. minus b.)	\$ -151.00

IN RE Wright, Terri

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Utilities

**Cell Phone**

**50.00**

**Internet**

**40.00**

**Cable**

**50.00**

IN RE Wright, Terri Debtor(s) Case No. \_\_\_\_\_ (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 7, 2008 Signature: /s/ Terri Wright  
**Terri Wright** Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*



IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE  
**39,000.00** Estimated 2006 income from employment  
**60,073.00** Estimated 2007 income from employment  
**0.00** Estimated 2008 year to date income from employment

Debtor was laid off Dec 2007

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	2/08/2008	351.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
4205 W Cortez St, Chicago, IL 60651		

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: March 7, 2008 Signature /s/ Terri Wright  
of Debtor **Terri Wright**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Wright, Terri

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

03/07/2008

Date

/s/ Terri Wright

Terri Wright

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Wright, Terri

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 160

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 7, 2008

/s/ Terri Wright

Debtor

\_\_\_\_\_  
Joint Debtor

Wright, Terri  
1831 S Springfield  
1st Floor  
Chicago, IL 60623

Amsher Coll  
600 Beacon Pkwy We Suite 300  
Birmingham, AL 35209

C Michael, DDS  
C/O Leahy & Associates  
310 S Racine Ave Ste 700  
Chicago, IL 60607-2841

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Anchor Receivables Management  
PO Box 41003  
Norfolk, VA 23541-1003

Calvary Portfolio/collection  
3rd Floor  
Hawthorne, NY 10532

AAM Inc  
30 Georgetown Square Ste 104  
Wood Dale, IL 60191

Anderson Fin Network  
PO Box 3427  
Bloomington, IL 61702-3427

Cash Flow Consultants  
PO Box 1527  
Bridgeview, IL 60455-0527

AcI Collection Services  
PO Box 27901  
Milwaukee, WI 53227-0901

Armor Systems Co  
2322 N Green Bay Rd  
Waukegan, IL 60087-4209

Cbe Group  
131 Tower Pkwy, Ste 100  
PO Box 2635  
Waterloo, IA 50704-2635

AcI Laboratories  
8901 W Lincoln Ave  
West Allis, WI 53227-2409

Arnold Scott Harris  
600 W. Jackson Blvd, Suite 720  
PO Box 5625  
Chicago, IL 60680-5625

Certegy Payment Recovery  
11601 Roosevelt Blvd N  
Saint Petersburg, FL 33716-2202

Advanced Respiratory Supply  
PO Box 597757  
Chicago, IL 60659-7757

AT & T  
PO Box 806  
Norwell, MA 02061-0806

Certified Services Inc  
For Lakeview Anesthesia  
1733 Washington St Uppr 2  
Waukegan, IL 60085-5192

Advocate Illinois Masonic  
PO Box 510410  
Saint Louis, MO 63151-0410

At&T  
PO Box 8212  
Aurora, IL 60572-8212

Check N Go  
800 N Kedzie Ave  
Chicago, IL 60651-4100

Advocate Illinois Masonic  
PO Box 711943  
Cincinnati, OH 45271-0001

At&T Broadband  
PO Box 173885  
Denver, CO 80217-3885

Chex Systems  
7805 Hudson Rd Ste 100  
Saint Paul, MN 55125-1595

Afni Inc  
PO Box 3427  
Bloomington, IL 61702-3427

Athletico Sports Medicine  
2450 Wolf Rd  
Westchester, IL 60154-5634

Chicago Central Emergency  
C/O United Collections Bureau  
3131 S Dixie Dr Ste 600  
Dayton, OH 45439-2236

Allgate Financial Llc  
For Check N Go  
707 Skokie Blvd Ste 375  
Northbrook, IL 60062-2882

Blockbuster 17387  
200 Lake St  
Oak Park, IL 60302-2609

Chicagoland Orthodontics Specialists  
2500 S Highland Ave Ste 100  
Lombard, IL 60148-5381

Christine Michaels  
2500 S Highland Ave Ste 100  
Lombard, IL 60148-5381

Dominicks Finer Foods  
C/O Merchant's Credit Guide  
223 W Jackson Blvd  
Chicago, IL 60606-6908

Fma Alliance, Ltd  
11811 North Fwy Ste 900  
Houston, TX 77060-3292

Citizens Financial  
3853 45th St  
Highland, IN 46322-3009

Dr Jeffrey Manasse & Associates  
PO Box 822  
Park Ridge, IL 60068-0822

Forest General Hospital  
6051 U S Highway 49  
Hattiesburg, MS 39401-7200

City Of Chicago Bureau Of Parking  
Dept Of Revenue  
333 S State St Ste 540  
Chicago, IL 60604-3992

Dupage Emergency Physicians  
609 Academy Dr  
Northbrook, IL 60062-2420

Frank W Zappa, Dpm  
1000 Lake St Ste B  
Oak Park, IL 60301-1128

Cmntyprrp Mng  
2901 Butterfield Rd  
Oak Brook, IL 60523-1106

Enhanced Recovery Corporation  
PO Box 1967  
Southgate, MI 48195-0967

Friedman & Wexler  
500 W Madison St Ste 2910  
Chicago, IL 60661-4571

Columbia Water Department  
502 Courthouse Sq  
Columbia, MS 39429-2906

Enterprise Rent A Car  
10S636 Kingery Hwy  
Willowbrook, IL 60527-0730

Gamepro  
PO Box 37577  
Boone, IA 50037-0577

Com Ed Exelon  
Bankruptcy  
2100 Swift Dr  
Oak Brook, IL 60523-1559

Evergreen Professional Recoveries  
PO Box 666  
Bothell, WA 98041-0666

Gautam Gupta, MD  
6090 Strathmoor Dr Ste 4  
Rockford, IL 61107-5200

Comcast  
PO Box 3002  
Southeastern, PA 19398-3002

Ffcc-columbus Inc  
1550 Old Henderson Rd  
Columbus, OH 43220-3626

Genesis Clinical Labs  
3231 Euclid Ave  
Berwyn, IL 60402-3471

Credit Protect Assoc  
PO Box 802068  
Dallas, TX 75380-2068

Fingerhut  
PO Box 1250  
Saint Cloud, MN 56395-1250

Good Samaritan Hospital  
3815 Highland Ave  
Downers Grove, IL 60515-1500

Credit Protection Assoc  
13355 Noel Rd Ste 2100  
Dallas, TX 75240-6837

First Consumers National Bank  
PO Box 19657  
Irvine, CA 92623-9657

Harris & Harris  
600 W Jackson Blvd Ste 700  
Chicago, IL 60661-5629

Dish Network  
Dept 0063  
Palatine, IL 60055-0001

First Revenue Assurance  
PO Box 5818  
Denver, CO 80217-5818

Harvard Collection Services  
4839 N Elston Ave  
Chicago, IL 60630-2534



Harvard Family Physicians  
2325 S Harvard Ave Ste 108  
Tulsa, OK 74114-3309

Illinois Collection Serv  
PO Box 646  
Oak Lawn, IL 60454-0646

Loyola University Medical Center  
2160 S 1st Ave  
Maywood, IL 60153-3328

Head & Neck & Cosmetic Surgery Assoc  
135 S Lasalle, Dept 4736  
Chicago, IL 60674-0001

Illinois Masonic Medical Center  
836 W Wellington Ave  
Chicago, IL 60657-5147

M Ramez Salem MD And Assoc  
222 E Dundee Rd  
Wheeling, IL 60090-3009

Healthcare Associates For Women  
C/O Westbank  
1 Westbrook  
Westchester, IL 60154

Immc Radiologist  
9410 Compubill Dr  
Orland Park, IL 60462-2627

Marion County Health Dept  
908 Sumrall Rd  
Columbia, MS 39429-2652

Healthcare For Women  
Attn: Accounting Dept  
3 Westbrook Corp Ctr Ste 100  
Westchester, IL 60154-5727

IQ Telecom  
3221 Burr Oak Ave  
Blue Island, IL 60406-1829

Marion Medical Center  
1200 Military St S  
Hamilton, AL 35570-5003

Highland Furniture  
500 N Highland Ave  
Aurora, IL 60506-2938

K Kenneth Eng, MD, SC  
PO Box 4008  
Schaumburg, IL 60168-4008

Mark Allen Berk, MD  
3000 N Halsted St Ste 201  
Chicago, IL 60657-5190

Home Sleep Diagnostics  
2522 W Peterson Ave  
Chicago, IL 60659-4109

K-Mart  
100 Crisler Ave  
Crescent Springs, KY 41017-1657

MCI APD - Bankruptcy  
500 Technology Dr Ste 300  
Weldon Spring, MO 63304-2219

I C System  
PO Box 64378  
Saint Paul, MN 55164-0378

Kca Financial Svcs  
For U Of I Dept Of Pediatrics  
628 North St  
Geneva, IL 60134-1356

Med Busi Bur  
1460 Renaissance D Suite 400  
Park Ridge, IL 60068

Illinois Collection Se  
For Univ Of Ill. Dept Of Orthopedics  
8231 185th St Ste 100  
Tinley Park, IL 60487-9356

Lakeview Anesthesia  
PO Box 70  
Lake Forest, IL 60045-0070

Medical Collection Systems  
725 S Wells St Ste 700  
Chicago, IL 60607-4578

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60487-9356

Law Offices Of Mitchell N Kay  
205 W Randolph St Ste 920  
Chicago, IL 60606-1814

Medical Recovery Specialists, Inc.  
2250 E Devon Ave Ste 352  
Des Plaines, IL 60018-4521

Illinois Collection Serv  
3101 W 95th St  
Evergreen Park, IL 60805-2407

Leahy & Associates  
310 S Racine Ave Ste 700  
Chicago, IL 60607-2841

Medical Recovery Specialists, Inc.  
2200 E Devon Ave Ste 288  
Des Plaines, IL 60018-4521

Merchants Credit Guide Co.  
Executive Offices  
223 W Jackson Blvd Ste 900  
Chicago, IL 60606-6912

Mrsi  
2250 E Devon Ave Ste 352  
Des Plaines, IL 60018-4521

Park Dansan Collections  
PO Box 248  
Gastonia, NC 28053-0248

Mercy Hospital And Medical Center  
Physician Billing  
2525 S Michigan Ave # 2  
Chicago, IL 60616-2333

National Credit Adjustors  
327 W 4th Ave  
Hutchinson, KS 67501-4842

Payam Zarei, DDS  
1752 N Taft Ave  
Berkeley, IL 60163-1555

Michael A Angileri  
3 Golf Ctr Ste 352  
Hoffman Estates, IL 60169-4910

Nationwide Credit & Collection  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Pellettieri & Associates  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Mid America Real Estate  
1 Parkview Plz Ste 900  
Oakbrook Terrace, IL 60181-4731

Nco/ Collection Agency  
PO Box 4907  
Trenton, NJ 08650-4907

Peoples Energy  
130 E Randolph St  
Chicago, IL 60601-6207

Midland Credit Management  
8875 Aero Dr Ste 200  
San Diego, CA 92123-2255

Nco/ Collection Agency  
PO Box 7602  
Fort Washington, PA 19034

Peoples Engy  
130 E Randolph St  
Chicago, IL 60601-6207

Midwest Diagnostic Pathology, Sc  
641 E Butterfield Rd Ste 407  
Lombard, IL 60148-5605

Newport News  
5100 City Line Road  
Hampton, VA 23630-2000

Plaza Associates  
PO Box 18008  
Hauppauge, NY 11788-8808

Midwest Orthopaedics At Rush  
1725 W Harrison St Ste 1063  
Chicago, IL 60612-3835

Northland Group  
7831 Glenroy Rd Ste 350  
Minneapolis, MN 55439-3108

Prime Cable Of Chicago  
4501 W Irving Park Rd  
Chicago, IL 60641-2810

Millenium Credit Consultants  
PO Box 18160  
Saint Paul, MN 55118-0160

Northwestern Medical Faculty Foundatoin  
38693 Eagle Way  
Chicago, IL 60678-1386

Reed Smith  
10 S Wacker Dr  
Chicago, IL 60606-7453

Mississippi Electric  
308 Moselle Seminary Rd  
Moselle, MS 39459-8934

Oak Park Hospital  
Patient Accts  
520 S Maple Ave  
Oak Park, IL 60304-1022

Retrieval Masters Credit Bureau  
2269 Saw Mill River Rd Ste 3  
Elmsford, NY 10523-3848

Money Control, Inc  
7891 Mission Grove Pkwy S Ste A  
Riverside, CA 92508-6004

Our Lady Of Resurrection Medical Center  
5645 W Addison St  
Chicago, IL 60634-4403

Revenue Production Management  
PO Box 830913  
Birmingham, AL 35283-0913

Risk Management Alternatives  
PO Box 105816  
Atlanta, GA 30348-5816

Sleep Diagnostics  
3322 W Arthur Ave  
Lincolnwood, IL 60712-3806

Troy Q. Smith & Assoc  
100 W Roosevelt Rd Bldg B-7  
Wheaton, IL 60187-5260

Risk Management Alternatives  
2200 S Busse Rd  
Mount Prospect, IL 60056-5543

Sparkling Spring Water Co  
700 N Deerpath Dr  
Vernon Hills, IL 60061-1802

True Logic Financial Corporation  
PO Box 4437  
Englewood, CO 80155-4437

Roaman's  
PO Box 8383  
Indianapolis, IN 46283-8383

State Collection Service  
2509 S Stoughton Rd  
Madison, WI 53716-3314

U Of I Dept Of Pediatrics Ww  
1740 W Taylor St  
Chicago, IL 60612-7232

Roamans Inc Bank Card Def  
PO Box 4408  
Taunton, MA 02780-0433

Statewide Cr  
PO Box 781268  
Indianapolis, IN 46278-8268

U Of I E/R  
1740 W Taylor St  
Chicago, IL 60612-7232

Robert Glick DPM  
1630 W 18th St  
Chicago, IL 60608-2817

T Mobile  
PO Box 742596  
Cincinnati, OH 45274-2596

U Of Ill Hosp Model Clinics  
809 S Marshfield Ave, 9th Flr  
Chicago, IL 60612-4305

Rush Oak Park Hospital  
520 S Maple Ave  
Oak Park, IL 60304-1022

T Mobile  
PO Box 702727  
Dallas, TX 75370-2727

Uic Pathology  
4810 Paysphere Circle  
Chicago, IL 60674-0048

Rush University Medical Center  
Emergency Services  
22758 Network Place  
Chicago, IL 60673-1227

Tcf Bank  
800 Burr Ridge Pkwy  
Burr Ridge, IL 60527-6486

Un Coll Tol  
PO Box 140190  
Toledo, OH 43614-0190

Rush University Medical Center  
1700 W Van Buren St Rm 161  
Chicago, IL 60612-3228

Telecheck  
5251 Westheimer Rd  
Houston, TX 77056-5412

United Collection Bureau  
For West Side Emergency Physicians  
Po Box 140190  
Toledo, OH 43614

Sbc  
Bankruptcy Dept  
225 W Randolph St Ste 27A  
Chicago, IL 60606-1838

Transworld Systems  
25 NW Point Blvd Ste 750  
Elk Grove Village, IL 60007-1058

Univ Of Ill - Radiology  
1740 W Taylor St # 2483  
Chicago, IL 60612-7232

Silkies  
PO Box 34369  
Lancaster, SC 29722-0001

Tri-County Accounts Bureau  
PO Box 515  
Wheaton, IL 60189-0515

Univ Of Illinois Dept Of Orthopedics  
1801 W Taylor St  
Chicago, IL 60612-4319

University Of Illinois At Chicago  
Physicians Group  
135 S Lasalle, Box 3293  
Chicago, IL 60674-0001

West Village Dental  
2222 W Division St Ste 125  
Chicago, IL 60622-2967

University Of Illinois Hospital  
3468 Paysphere Circle  
Chicago, IL 60674-0034

York Center Fire Dept  
1517 S Meyers Rd  
Lombard, IL 60148-4728

University Of Illinois Medical Center  
At Chicago Patient Accounts  
PO Box 12199  
Chicago, IL 60612-0199

University Of Illinois Medical Center  
At Chicago Payment Center  
PO Box 12442  
Fort Wayne, IN 46863-2442

Verizon Wireless  
404 Brock Dr  
Bloomington, IL 61701-2654

Verizon Wireless  
777 Big Timber Rd  
Elgin, IL 60123-1488

Village Of Riverside  
Tickets  
31 Riverside Rd  
Riverside, IL 60546-2264

Wellington Radiology  
9410 Compubill Dr  
Orland Park, IL 60462-2627

West Suburban Medical Center  
3 Erie Ct  
Oak Park, IL 60302-2519

West Suburban Medical Center  
West Side Emergency Physicians  
3 Erie Ct  
Oak Park, IL 60302-2519